

PF-2007-01305

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[To be used with]
PF-2006-00625]

INDIVIDUAL DISABILITY INCOME INSURANCE (OUTLINE OF COVERAGE)

READ YOUR POLICY CAREFULLY. This Outline of Coverage provides a very brief description of the important features of your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

DISABILITY INCOME PROTECTION COVERAGE. This category of coverage is designed to provide, to persons insured, benefits for disabilities resulting from a covered Accident or Sickness, subject to any limitations set forth in the Policy. Benefits are not provided for basic hospital, basic medical-surgical, or major medical expenses.

BENEFITS

MONTHLY ACCIDENT INDEMNITY

Indemnity will not be paid under this Part unless the disability either (1) commences while this Policy is in force or (2) commences after the Company refuses to renew this Policy but less than thirty-one days from the date of the accident occurring while this Policy was in force.

Indemnity will not be paid under this Part for any period of disability prior to the expiration of the Elimination Period for Accident, if any, stated in the Schedule. To continue benefits for any period of disability under this Part, written proof of loss must be provided to the Company and the Insured must be under the Regular Care of a Physician, surgeon, or chiropractor, other than the Insured or a member of his or her family, unless the Regular Care of a Physician will not improve the Insured's disabling condition or will not prevent a worsening of the Insured's disabling condition.

Indemnity provided in this Part will be paid for each accident occurring while this Policy is in force but not for concurrent periods of disability.

When, as a result of injury, the Insured is totally disabled, the Company will pay periodically the Monthly Indemnity stated in the Schedule for each month the Insured is totally disabled, not to exceed 24 consecutive months as the result of any one accident.

Benefits payable under this Part for periods which are less than one month will be paid on a pro rata basis based on a 30-day month.

MONTHLY SICKNESS INDEMNITY - NON PRE-EXISTING

Indemnity will not be paid under this Part for any period of disability prior to the expiration of the Elimination Period for ~~Non-Pre-Existing-Sickness-stated-in-the-Schedule.~~ To continue benefits for any period of disability under this Part, written proof of loss must be provided to the Company and the Insured must be under the Regular Care of a Physician, surgeon, or chiropractor, other than the Insured or a member of his or her family, unless the Regular Care of a Physician will not improve the Insured's disabling condition or will not prevent a worsening of the Insured's disabling condition.

When, as the result of sickness which does not result from a pre-existing condition, as herein defined, and commencing while this Policy is in force, and the Insured is totally disabled, the Company will pay periodically the Monthly Indemnity stated in the Schedule for each month the Insured shall be totally disabled, not to exceed 24-months as the result of any

one sickness.

Benefits payable under this Part for periods which are less than one month will be paid on a pro rata basis, based on a 30-day month.

MONTHLY SICKNESS INDEMNITY – PRE-EXISTING

Indemnity will not be paid under this Part for the first one hundred and eighty days of any period of disability. To continue benefits for any period of disability under this Part, written proof of loss must be provided to the Company and the Insured must be under the Regular Care of a Physician, surgeon, or chiropractor, other than the Insured or a member of his or her family, unless the Regular Care of a Physician will not improve the Insured's disabling condition or will not prevent a worsening of the Insured's disabling condition.

When sickness caused by or resulting from a pre-existing condition, as herein defined, shall cause the Insured to be totally disabled, the Company will pay periodically the Pre-existing Sickness Monthly Indemnity stated in the Schedule for each month the Insured shall be totally disabled after the first 180 days of disability, not to exceed thirteen months as a result of any one sickness.

Benefits payable under this Part for periods which are less than one month will be paid on a pro rata basis, based on a 30-day month.

RECURRENT DISABILITIES

If benefits have become payable under the Monthly Sickness Indemnity and if the Insured, while this Policy is in force, suffers a recurrence of disability from the same or related cause or causes, the subsequent period of such disability will be deemed a continuation of the prior period, unless due to entirely unrelated causes or such periods of disability are separated by six consecutive months in which event such disability shall be deemed a new period of disability and subject to a new Elimination Period.

WAIVER OF PREMIUM

Upon due proof that total disability for which indemnity is payable under this Policy has continued for a six month period commencing with the expiration of the elimination period, if any, while this Policy is in force, the Company will waive the payment of any premium becoming due during any further continuous period of total disability for which indemnity is payable and this Policy shall remain in force until the next premium due date, subject to the right of the Company to decline renewals.

DEFINITIONS

Total disability, totally disabled or disability means that as a result of sickness or injury the Insured is unable to perform with reasonable continuity the substantial and material acts necessary to pursue the Insured's usual occupation in the usual or customary way.

Substantial and material acts means acts that are normally required for the performance of the Insured's usual occupation and cannot be reasonably omitted or modified.

Regular Care of a Physician means the Insured personally visits a physician as frequently as is medically required, to effectively manage and treat the Insured's disabling condition and the Insured is receiving appropriate medical treatment and care for the Insured's disabling condition, which conforms with generally accepted medical conditions.

EXCLUSIONS/LIMITATIONS

This Policy does not cover any loss, fatal or non-fatal, caused by or resulting from (1) any attempt at suicide while sane, or any attempt at self-destruction while insane; (2) sickness resulting from pregnancy or childbirth; (3) injury sustained while a passenger other than a fare-paying passenger in any aircraft or while a passenger in a military aircraft or acting as a pilot or crew in any aircraft; (4) declared or undeclared war or any act thereof; (5) sickness or disease caused by or resulting from any pre-existing condition, as herein defined except as provided under the Monthly Sickness Indemnity – Pre-Existing Benefit.

This Policy does not cover any loss caused by or resulting from injury for which compensation is payable under any Worker's Compensation Law or sickness for which the Insured is entitled to benefits under any Occupational Disease Law.

This Policy does not cover any loss commencing while the Insured is in the service of the armed forces of any country. Orders to active military service for training purposes of two months or less shall not, for the purpose of this exclusion, constitute service in the armed forces of any country. Upon notification to the Company of entering the armed forces of any country, the Company will return to the Insured pro rata any premium paid for any period during which the Insured is in such service.

{This Policy does not cover any loss caused by or resulting from an abortion, except if medically necessary to save the life of the mother.}

Pre-Existing Condition Limitation. The Insured is not covered for a disability caused or substantially contributed to by a pre-existing or medical or surgical treatment of a pre-existing condition. The Insured has a pre-existing condition if:

1. the Insured received medical treatment, care or services for a diagnosed condition or took prescribed medication for a diagnosed condition in the {12-24} months immediately prior to the effective date of coverage under his contract, or
2. the Insured suffered from a physical or mental condition, whether diagnosed or undiagnosed, which was misrepresented or not disclosed in the Insured's application for which the Insured received a physician's advice or treatment within {12-24} months before the date of issue, or which caused symptoms within 12 months before the date of issue for which a prudent person would usually seek medical advice or treatment, and
3. the disability caused or substantially contributed to by the condition begins in the first {12-24} months after the effective date of coverage under this contract, except as provided under the Monthly Sickness Indemnity – Pre-Existing Benefit.

RENEWABILITY

The coverage will be renewed as long as premiums are paid, the Insured remains a member of the Association, the Policy remains in force and the Insured is not retired or otherwise not gainfully employed.

PREMIUMS

The Policy is issued in consideration of the statements contained in the application and the payment in advance of the premium stated in the Schedule.

Premium Changes. The Company will give the Insured 60 days advance notice in the event of an adjustment in the applicable premium rate.